

By Senator Posey

24-1549A-05

See HB 1465

1                                   A bill to be entitled  
2           An act relating to Medicaid reimbursement to  
3           nursing homes; amending s. 409.908, F.S.;  
4           requiring the Agency for Health Care  
5           Administration to permit licensed nursing homes  
6           to bid on rates for Medicaid certified beds  
7           under certain circumstances; providing for  
8           rules; requiring the agency to provide a list  
9           of approved bidders to social service  
10          providers; providing an effective date.

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12 Be It Enacted by the Legislature of the State of Florida:

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14           Section 1. Paragraph (a) of subsection (2) of section  
15 409.908, Florida Statutes, is amended to read:

16           409.908 Reimbursement of Medicaid providers.--Subject  
17 to specific appropriations, the agency shall reimburse  
18 Medicaid providers, in accordance with state and federal law,  
19 according to methodologies set forth in the rules of the  
20 agency and in policy manuals and handbooks incorporated by  
21 reference therein. These methodologies may include fee  
22 schedules, reimbursement methods based on cost reporting,  
23 negotiated fees, competitive bidding pursuant to s. 287.057,  
24 and other mechanisms the agency considers efficient and  
25 effective for purchasing services or goods on behalf of  
26 recipients. If a provider is reimbursed based on cost  
27 reporting and submits a cost report late and that cost report  
28 would have been used to set a lower reimbursement rate for a  
29 rate semester, then the provider's rate for that semester  
30 shall be retroactively calculated using the new cost report,  
31 and full payment at the recalculated rate shall be effected

1 retroactively. Medicare-granted extensions for filing cost  
2 reports, if applicable, shall also apply to Medicaid cost  
3 reports. Payment for Medicaid compensable services made on  
4 behalf of Medicaid eligible persons is subject to the  
5 availability of moneys and any limitations or directions  
6 provided for in the General Appropriations Act or chapter 216.  
7 Further, nothing in this section shall be construed to prevent  
8 or limit the agency from adjusting fees, reimbursement rates,  
9 lengths of stay, number of visits, or number of services, or  
10 making any other adjustments necessary to comply with the  
11 availability of moneys and any limitations or directions  
12 provided for in the General Appropriations Act, provided the  
13 adjustment is consistent with legislative intent.

14 (2)(a)1. Reimbursement to nursing homes licensed under  
15 part II of chapter 400 and state-owned-and-operated  
16 intermediate care facilities for the developmentally disabled  
17 licensed under chapter 393 must be made prospectively.

18 2. Unless otherwise limited or directed in the General  
19 Appropriations Act, reimbursement to hospitals licensed under  
20 part I of chapter 395 for the provision of swing-bed nursing  
21 home services must be made on the basis of the average  
22 statewide nursing home payment, and reimbursement to a  
23 hospital licensed under part I of chapter 395 for the  
24 provision of skilled nursing services must be made on the  
25 basis of the average nursing home payment for those services  
26 in the county in which the hospital is located. When a  
27 hospital is located in a county that does not have any  
28 community nursing homes, reimbursement must be determined by  
29 averaging the nursing home payments, in counties that surround  
30 the county in which the hospital is located. Reimbursement to  
31 hospitals, including Medicaid payment of Medicare copayments,

1 for skilled nursing services shall be limited to 30 days,  
2 unless a prior authorization has been obtained from the  
3 agency. Medicaid reimbursement may be extended by the agency  
4 beyond 30 days, and approval must be based upon verification  
5 by the patient's physician that the patient requires  
6 short-term rehabilitative and recuperative services only, in  
7 which case an extension of no more than 15 days may be  
8 approved. Reimbursement to a hospital licensed under part I of  
9 chapter 395 for the temporary provision of skilled nursing  
10 services to nursing home residents who have been displaced as  
11 the result of a natural disaster or other emergency may not  
12 exceed the average county nursing home payment for those  
13 services in the county in which the hospital is located and is  
14 limited to the period of time which the agency considers  
15 necessary for continued placement of the nursing home  
16 residents in the hospital.

17 3. The agency shall provide licensed nursing homes the  
18 opportunity to competitively bid on per diem rates for  
19 Medicaid certified beds within a defined catchment area. The  
20 agency shall adopt rules that give priority to the admission  
21 of Medicaid patients to a nursing home within the patient's  
22 locale. The rules may not prohibit a Medicaid patient from  
23 choosing among the lowest-bidding facilities in the area. In  
24 all other instances, a patient shall be placed in an available  
25 bed in the facility with the lowest bid price. Opening bids  
26 must be at a rate below existing Medicaid reimbursement rates  
27 within the catchment area. The agency shall provide the list  
28 of approved bidders within the catchment area to all social  
29 services providers in the area, including hospitals, adult  
30 congregate living facilities, and any entity making referrals  
31 to nursing homes and update the list as necessary.

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Section 2. This act shall take effect July 1, 2005.